

APPLICATION FOR THE ARKANSAS HIGH-TECH SCHOLARSHIP

Application should be received in this office on or before July 1, 2005

I. PERSONAL INFORMATION *(Please print or type. Complete all entries.)*

_____	_____
Full Name (<i>Last, First, and Middle Names</i>)	Social Security Number
_____	_____
(<i>No P.O. Box</i>)	Phone Number
Permanent Residence Address (<i>Street, City, State, Zip</i>)	
_____	_____
Mailing Address, if different from above	Phone Number
_____	_____
Place of Birth (<i>City, State</i>)	Date of Birth

Arkansas Resident (*Circle One*): No Yes How Long? _____ years

Citizenship Status (*Circle One*): U.S. Citizen Permanent Resident Alien **

** If you are a permanent resident alien, please send a copy of your I-551 or I-151.

II. LEADERSHIP CAPABILITIES *(List for grades 9 through 12 only.)*

List occupational and/or vocational clubs of which you have been a member or an officer:

Club Name	Years of Membership	Competition & Honors	----- Office(s) Held at -----		
			Local	State	National
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List other school clubs of which you have been a member or officer:

Club Name	Years of Membership	Competition & Honors	----- Office(s) Held at -----		
			Local	State	National
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List community clubs or organizations of which you have been a member or officer:

Club Name	Years of Membership	Office(s) Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. EDUCATIONAL BACKGROUND AND GOAL (*Complete all entries and sign; be specific.*)

_____ High School Attended	_____ In City and State
_____ High School Phone Number	_____ Year of Graduation
_____ Postsecondary School to be Attended	_____ Program of Study to Enroll in
_____ Signature of Applicant	_____ Date

IV. ACADEMIC ABILITIES (*The high school principal or counselor is to complete this section.*)

Attach an official copy of the applicant's high school transcript showing at least seven semesters. An applicant will be considered if she/he possesses at least a 2.5 GPA on a 4.0 scale and has either (1) a minimum ACT Composite Score of 19 (or at least 730 on the SAT combined verbal and math, if the ACT score is not available), or (2) is in the upper 10 percent of her/his graduating class.

Cumulative Grade Point Average in Grades 9 through 12: _____

ACT Scores: Composite _____ English _____ Math _____ Reading _____

SAT Combined Verbal and Math Score (if ACT scores are not available): _____

Class Rank: _____ in a class of _____. Is the transcript attached? Yes ___ No ___

_____ Signature of Principal or Counselor	_____ Date
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_____ Printed Name of Person Signing Above	_____ Telephone Number of Principal/Counselor
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V. MAIL THIS APPLICATION TO: Arkansas High-Tech Scholarship
Deborah Germany, Organizational Development
Department of Workforce Education
#3 Capitol Mall, Room 207
Little Rock, AR 72201-1083

VI. QUESTIONS? Call 501/682-1699.